

This edition of the **Be Part of Research Newsletter** will briefly explore published evidence and current research surrounding the impact of COVID-19 on BAME communities.

Introduction

According to data from Public Health England:

- Death rates from COVID-19 were highest among people of Black and Asian ethnic groups.
- After accounting for the effect of sex, age, deprivation and region, people of Bangladeshi ethnicity had around twice the risk of death from COVID-19 when compared to people of White British ethnicity.
- People of Chinese, Indian, Pakistani, Other Asian, Caribbean and Other Black ethnicity had between 10-50% higher risk of death when compared to White British.

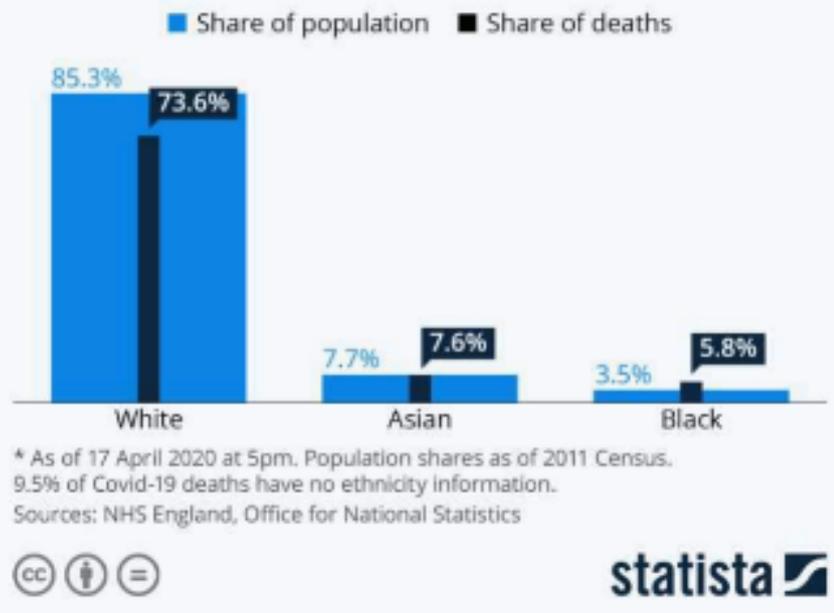
“There is clear evidence that COVID-19 does not affect all population groups equally. Many analyses have shown that older age, **ethnicity**, male sex and geographical area, for example, are associated with the risk of getting the infection, experiencing more severe symptoms and higher rates of death.” - *'Beyond the Data: Understanding the Impact of COVID-19 on BAME Communities'*

Background

The 'OpenSAFELY' study which explored factors associated with COVID-19-related hospital death through electronic health records of 17 million adult NHS patients concluded that: "people from Asian and black groups are at markedly increased risk of in-hospital death from COVID-19, and contrary to some prior speculation this is only partially attributable to pre-existing clinical risk factors or deprivation".

England's ethnic Covid-19 deaths disparity

Share of population and share of Covid-19 deaths in England, by ethnicity*



Shown Above: While the ethnic group 'Black' makes up 3.5% of England's population, as of 17 April 2020, black ethnicity has been identified in 5.8% of COVID-19 deaths – 801 in total. That means the share of deaths is 66% higher than the share of the population. The Asian ethnicity share of deaths is similar to the share of the population.

Risk factors linked to higher prevalence in BAME backgrounds.

Results from the Office for National Statistics (ONS) show that the difference between ethnic groups in COVID-19 mortality is partly a result of socio-economic disadvantage and other circumstances, but a remaining part of the difference has not yet been explained.

Currently we don't have one solid answer as to why BAME groups are more at risk of COVID-19 than white groups, but there are many things being discussed right now around this issue. We have explored some of these factors below on the next page, **follow the link on each sub-heading to find out more:**

[ACE2 Receptors](#)

[Coronary Heart Disease \(CHD\)](#)

[Diabetes](#)

[High Blood Pressure](#)

[Potential Socioeconomic Factors](#)

[Vitamin D](#)

Risk factors linked to higher prevalence in BAME backgrounds. Follow the link on each sub-heading to find out more:

ACE2 Receptors

The ACE2 acts as a cellular doorway to allow the virus that causes Covid-19 to enter and infect the cells. These ACE2 receptors are found in the lungs, heart, blood vessels, kidneys, liver and gastrointestinal tract.

- An increased density of ACE 2 receptors has been associated with a more severe response to COVID-19 infection
- Levels of ACE2 receptor vary across different ethnic groups and with age and gender.

Diabetes

- The expression of ACE2 is substantially increased in patients with type 1 or type 2 diabetes
- People with African, African Caribbean background and South Asian background more commonly have Type II diabetes.

High Blood Pressure

- Conditions that may cause high blood pressure (e.g. diabetes, atherosclerosis) are more common in BAME populations.
- People with African or African Caribbean background may be at higher risk of developing hypertension & having a stroke.
- Having hypertension may increase the density of the ACE 2 receptors

Potential Socioeconomic Factors

- BAME groups are more likely to work in occupations with a higher risk of COVID-19 exposure.
- BAME groups are more likely to use public transport to travel to their essential work putting them more at risk.
- BAME groups are more likely to suffer from income inequality.
- Transmission, morbidity & mortality can be exacerbated by housing challenges that BAME groups face.

Vitamin D

- May be deficient in darker-skinned BAME patients
- Plays an important role in supporting host immune system.
- But there is conflicting evidence over its significance
- Most populations globally have some degree of VitD deficiency, so supplementation may be beneficial

Coronary Heart Disease (CHD)

- CHD is higher in people with a South Asian background.
- Risk of dying from Covid-19 is linked to age and pre-existing medical conditions such as CHD.



What's happening locally?

Leicester's Centre for BME Health has drawn attention to the fact that there are a number of research studies for the prevention and management of COVID-19 happening and called for people from black and minority ethnic communities to "encourage family, friends and communities to consider taking part in these studies" by visiting [Be Part of Research](#).

The plea was supported by a video from celebrities Omid Djalili, Whoopi Goldberg and Sanjeev Bhasker, which you can watch you below:



Be Part of Research



What COVID - 19 studies are happening locally?

Currently there are no studies which only include patients from BAME groups, instead the call is for people from all ethnic groups to take part in the large national studies investigating the prevention and management of COVID-19 so that researchers can better understand the reasons why people from all minority ethnic groups are disproportionately affected by COVID-19.

The studies which are running locally in LLR are listed below - all these studies are looking for people from BAME communities to participate.

Click on the sub-heading or the picture icon to find out more about each study:



ISARIC - CCP UK

LPT is currently supporting the ISARIC study. This study is investigating how long people are infected with Covid-19 and what factors put people at higher risk.



ACCORD

Seeking to accelerate the development of new drugs for patients hospitalised with Covid-19



PAN-COVID

Understanding the impact of Covid-19 during pregnancy and to guide better care for pregnant women



EXCEED

The EXCEED Study aims to understand why some people develop more severe Covid-19 and the impact of the pandemic on long term conditions.



Sero-Surveillance

This survey aims to understand the prevalence of Covid-19 through blood samples from routine investigations. This information will be used to predict the impact of Covid-19 on health and social care.



Psychological impact of COVID-19

The aim of this online survey is to better understand how the coronavirus has impacted on our day to day lifestyle.

Get Involved:

Following on from the engagement with LPT staff regarding BAME Risk Assessments, there will be a session that all LPT staff are welcome to attend.

This session focuses on opening up dialogue in a safe and compassionate way on how we can support each other within LPT on concerns faced by many of us, for example, the risk of COVID on our BAME staff and #BlackLivesMatter movement and becoming an anti-racist organisation.

Wednesday 12th August 2020

10.00 to 11.000 am

[Join Microsoft Teams Meeting](#) 

Additional Resources:

Below are some useful resources to assist in the understanding of the topics covered in this newsletter:

[Supporting our BAME NHS community](#)

[Addressing the impact of COVID-19 on BAME staff](#)

[NHS BME Network](#)



Conclusion

As reported by OpenSAFELY.

"We have quantified a range of clinical risk factors for death from COVID-19, some of which were not previously well characterised, in the largest cohort study conducted by any country to date. People from Asian and black groups are at markedly increased risk of in-hospital death from COVID-19, and contrary to some prior speculation this is only partially attributable to pre-existing clinical risk factors of deprivation; further research into the drivers of this association is therefore urgently required. Deprivation is also a major risk factor with, again little of the excess risk explained by co-morbidity or other risk factors. The findings for clinical risk factors are concordant with policies in the UK for protecting those at highest risk. Our OpenSAFELY platform is rapidly adding further NHS patients' records; we will update and extend these results regularly." - OpenSAFELY

Keep Up To Date:

Want to keep up to date with research funding or training opportunities available to LPT staff?

Interested in hearing about the research being conducted in the Trust?

Email us:

research@leicspart.nhs.uk
to find out how you can be added to the research mailing list.

Follow us on Twitter:

@[LPTresearch](https://twitter.com/LPTresearch)

Research changes lives!

It's only through research that we can develop better treatments and care, as well as improve diagnosis and prevention.



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